

CIVIL AIR PATROL
South Carolina Wing Headquarters
P O Box 280065
Columbia SC 29228-0065

S C Wg Supplement 1
CAPM 77-1
1 December 1999

Motor Vehicles

OPERATION AND MAINTENANCE OF CIVIL AIR PATROL OWNED VEHICLES

CAPM 77-1, 1 September 1993, is supplemented as follows:

2e. A copy of all these records will be forwarded to Hq SC Wg/LG

4a. (3) Application for a CAP Form 75 will be made using a SC Wg Form 12 (Application for CAP Motor Vehicle Operator Identification Card). Forward completed applications to Hq SC Wg/LGT. Form is shown as attachment 1 (local reproduction required).

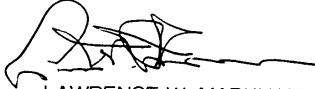
8b. (1) Unit commanders will insure all vehicle owner's manual recurring maintenance items are performed and documented.

8c. Most major maintenance costs are funded by Hq CAP. Questions regarding authorized funding and major maintenance requests will be forwarded to Hq SC Wg/LG. All requests for Hq CAP maintenance funding must be processed thru Hq SC Wg/LO.

11. SC Wing vehicles are subject to misuse reports by the public due to the SG (State Government) license plate. All misuse reports will be a matter for command investigation and appropriate action. Use of SG plates requires additional documentation for the South Carolina Division of Motor Vehicle Management. All users will record data as required by the "Blue Notebooks" located in each vehicle.

OFFICIAL:

HARTSELL O. ROGERS, JR., Colonel, CAP
Wing Commander



LAWRENCE W. MARKHAM, Lt Col, CAP
Administrative Officer

SUMMARY OF CHANGES: Updates processing of vehicle maintenance funding requests. Deletes specific schedule for unit payment of vehicle insurance. Adds SCWG Form 12 as attachment to this supplement.

Supersedes S C Wg Supplement 1, 1 March 1997

OPR: LG

Distribution: Each Wg Unit (2) Hq MERgn (1) LO/LG/FM/ DA (1)

APPLICATION FOR CAP MOTOR VEHICLE CARD, CAPR 77-1

SECTION 1 - To be filled out by person requesting CAPF 75

NAME: _____ UNIT NAME: _____

SSAN: _____ UNIT CHARTER # 390 _____ CAP Membership Expiration Date: _____

ADDRESS: _____

CITY: _____ STATE: SC ZIP: _____

DOB: _____ SEX: _____ PHONE NUMBER: _____

STATE DRIVERS LICENSE #: _____ STATE: _____

STATE DRIVERS LICENSE EXPIRATION DATE: _____

VEHICLES QUALIFIED TO OPERATE: _____

Note 1: Attach a copy of your state driving record from the last 3 years. Obtain from your local DMV.

Note 2: Attach a photocopy of your state drivers license that you carry in your purse or wallet.

APPLICANTS

SIGNATURE: _____ DATE: _____

UNIT COMMANDERS

SIGNATURE: _____

After Section 1 is complete, copies are attached and the Unit Commander signs, forward this form to:

LTC Charles Lucas, CAP
1007 Lakeview Drive
Johnston, SC 29832
803 275-2649

SECTION 2 - To be completed by Wing Headquarters personnel.

APPROVED: _____ DISAPPROVED: _____ CAPF 75 #: _____

DATE CAPF 75 ISSUED: _____ EXPIRATION DATE: _____

WING TRANSPORTATION OFFICER SIGNATURE: _____

WING COMMANDER SIGNATURE: _____

SC WG Form 12

Aug 98

Replaces CAP Form 12 dated Aug 94 which is obsolete